f07568655 FILING DATE MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET APPLICANT(S) (FOR USE WITH FORM PTO-875) **CLAIMS** AFTER AFTER AFTER **AS FILED** AFTER. **AS FILED** ("AMENDMENT 2 MANENDMENT 1 AMENDMENT 2 MANENDMENT DEP. IND. DEP. IND. DEP. IND. IND. DEP. IND. DEP. IND. DEP. 51 (1) 52  $\Omega$ 2 0 53 54 4 0000 55  $\mathcal{L}$ <u>56</u> 57  $\overline{\mathbb{D}}$  $\Omega$ 58 (I) (i) 59 0T) 60 10  $\overline{n}$ 61 62 Ñ 12 8 63 13 64 14 <u>(1)</u> 65 <u>(1)</u> 15 (1) 0 66 16 000 <u>67</u> 17 TO TO TO 68 18 69 19 .79 (f) 20 (i) 71 21 8 72 22 000 73 23 74 24  $\Box$ 75  $\overline{\mathbb{O}}$ 25 76 8 26 77 27 78 28 79 29 80 30 81 31 82  $\Omega$ 32 83 33 84 34 85 35 86  $\bigcirc$ 36 87 8 37 (1) 88 38 89 'n (1) 39 0 90 40 91 41 92 (1)42 93 (1) 43 0 94  $\Omega$ 44 95 45 HOAR 96 46 97 47 98 48 99 49 100 11) 1 TOTALEND 1 TOTAL IND TOTALDER

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